

Case Number:	CM13-0070819		
Date Assigned:	01/08/2014	Date of Injury:	02/24/2012
Decision Date:	06/05/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an employee of the [REDACTED] and has submitted a claim for pain in both hands and wrists and cervical spine, associated with an industrial injury date of February 24, 2012. Treatment to date has included steroid injection, physical therapy, acupuncture, home exercise program, right carpal tunnel release (1998), left carpal tunnel release (2002), and medications which include hydrocodone, glucosamine/chondroitin, Motrin, Medrox patch, naproxen, tramadol ER, gabapentin L-carnitine, flubiprofen/cyclobenzaprine cream, and tramadol/gabapentin/menthol/camphor/capsaicin cream. Medical records from 2012-2014 were reviewed the latest of which dated October 31, 2013 which revealed that the patient presents with slight improvement in her bilateral shoulders as well as wrists. The patient states that there is moderate to severe pain in both shoulder and mild to moderate in both wrists. She also complains of aching neck pain. On examination of the shoulders, there is tenderness to palpation at the acromioclavicular joints. There is also some audible crepitation on overhead extension. On examination of the bilateral hands and wrists, there is tenderness to palpation over the median nerves bilaterally. The patient also has some decreased sensation over the first, second, and third digits of the hands bilaterally. Utilization review from December 16, 2013 denied the request for urinalysis because the medical records did not document what medications are suspected or ones to be tested for, nor do the medical records document a risk stratification or rationale as to why this patient would require multiple urine drug testing studies. Also, there was no current list of medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

URINALYSIS (RETROSPECTIVE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Chronic Use Of Opioids; Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

Decision rationale: As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, urine analysis is recommended as an option to assess for the use or the presence of illegal drugs, to assess for abuse, addiction, or poor pain control in patients under on-going opioid treatment. Also, stated in ACOEM Guidelines, Chronic Use of Opioids Section, urine drug screening is prescribed in all patients on chronic opioids for chronic pain. Screening should also be performed "for cause" (e.g., provider suspicion of substance misuse). Official Disability Guidelines states that patients at low risk of addiction or aberrant behavior should be tested on a yearly basis. In this case, current medications include Tramadol and naproxen. The patient has undergone multiple drugs testing in the past with consistent results, the latest of which was dated 07/15/2013. The recent clinical evaluation does not document indication that may warrant a repeat urine drug testing. There is no discussion of the patient having a high risk for aberrant drug use behavior that will necessitate frequent drug monitoring. Therefore, the request for urinalysis (retrospective) is not medically necessary.